# **APPLICATION DATA SHEET**

#### APPLICATION INFORMATION

**Application Number::** 

Filing date::

)

March 17, 2004 (03/17/2004)

**Application Type::** 

Utility

**Subject Matter::** 

CD-ROM or CD-R?::

None

70047-41-ut

Title Line One:: Title Line Two:: OPTICAL PULSE CHARACTERIZATION FOR

**TELECOMMUNICATIONS APPLICATIONS** 

**Attorney Docket Number::** 

Request for Early

No

Publication?:: Request for

Non-Publication?::

No

**Suggested Drawing Figure::** 5 **Total Drawing Sheets::** 9

Small Entity?::

Yes

Petition Included?:: No **Licensed US Govt. Agency::** 

U.S. National Science Foundation

**Contract or Grant Numbers::** 

DMI-0215045

**Secrecy Order in Parent** 

Appl.?::

No

### APPLICANT INFORMATION

Applicant Authority Type::

Inventor

**Primary Citizenship::** 

US

Country::

US

Status::

**Full Capacity** 

Inventor One Given Name::

**DANIEL** 

Middle Name::

J.

Family Name::

**KANE** 

City of Residence::

Santa Fe

State or Province of

Residence::

**New Mexico** 

Country of Residence::

US

Street of Mailing Address::

2659 Via Berrenda

City of Mailing Address::

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State or Province of

Mailing Address::

**New Mexico** 

**Country of Mailing Address::** 

US

Postal or Zip Code of Mailing Address::

87505

### **CORRESPONDENCE INFORMATION**

**Correspondence Customer** 

No. 005179

**Phone Number::** (505) 998-1500 Fax Number:: (505) 243-2542

E-Mail Address:: info@peacocklaw.com

### REPRESENTATIVE INFORMATION

Representative Number:: 35,964

## **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application Claiming the Benefit Under 35 USC 119(e)	60/455,530	Mar 18 2004 (03.18.2004)

## FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
	n/a		

## **ASSIGNEE INFORMATION**

SOUTHWEST SCIENCES INCORPORATED Assignee Name::

**Street of Mailing Address::** 1570 Pacheco Street, Suite E-11

City of Mailing Address:: Santa Fe

State or Province of Mailing

Address: **New Mexico** 

**Country of Mailing Address::** US

Postal or Zip Code of Mailing

Address:: 87505